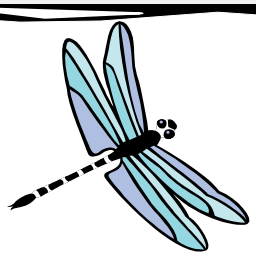

DESTINY RETREATS

Finding Your Way Home

Enrollment Form

LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____

BIRTHDAY _____ BIRTH PLACE _____

HOME PHONE _____ BUSINESS PHONE _____

FAX NUMBER _____ CELLULAR, PAGER, E-MAIL _____

WHAT DO YOU WISH TO ACCOMPLISH AT THE RETREAT? _____

Amt. Paid

CREDIT CARD #, TYPE AND EXPIRATION DATE

Amt. Due

REFUND POLICY: A non-refundable deposit of $300 is required. The only exception to this policy is when we have a waiting list. In the event that you cannot attend, we will try to fill your space. Then, your deposit can be refunded.

SIGNATURE _____ DATE _____

EMERGENCY INFORMATION — In case of emergency please contact the following:

Name _____

Phone _____

Address _____

Destiny Retreats P.O. Box 33310 Las Vegas, NV 89133 Phone: 702-256-6090 Fax: 702-256-1310 www.destinyretreats.com